

**VIRGINIA STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
PO BOX 1157, RICHMOND VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main Street, Richmond VA 23219**

**PIN4921
SEPT 2002**

APPOINTMENT CANCELLATION FORM

This form may be used to cancel either one individual or one agency, not both. It may be used to cancel only one type of appointment. It may be used for cancellations by multiple companies within a group of companies. This form must be completed by an Executive Officer or an individual authorized by an Executive Officer to appoint and terminate agents. The names of such Executive Officers or authorized individuals must be on file with the Commission.

If cancellation is due to reasons which are required by law to be reported to the Commission or which the company believes should be brought to the attention of the Commission, please check the box and complete the reverse side of the form. ☐ If the agent is deceased, please check the box and provide the Commission with a copy of the death certificate and/or a copy of the obituary. ☐

INDIVIDUAL

SS# or VA DMV-Assigned #	Company Number	Group Code Number	Appointment Type (Circle Only One)
Name			LH (001) Life and Health
			PC (002) Property and Casualty
AGENCY			
FEIN	Company Number	Group Code Number	TI (003) Title
Name			
Company Name			

Additional Company Numbers - Must be within the same group

NOTICE OF CANCELLATION

The undersigned hereby requests that the State Corporation Commission, Bureau of Insurance, cancel the appointment(s) of the individual or agency designated above to represent this (these) company(ies) in the Commonwealth of Virginia. I certify that the agent has been notified as prescribed in § 38.2-1834 D of this cancellation and that I am registered with the Bureau as an individual authorized to sign this form.

<hr/> <div style="text-align: center;">Company Name</div> <hr/> <div style="text-align: center;">Company (Billing) Address</div> <hr/> <div style="text-align: center;">City, State, Zip Code</div>	<hr/> <div style="text-align: center;">Effective Date of Cancellation</div> <hr/> <div style="text-align: center;">Name (typed) of Individual Signing Form</div> <hr/> <div style="text-align: center;">Signature of Authorized Individual</div>
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SS# or VA DMV-Assigned # or FEIN _____
Name _____

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CANCELLATION SUPPLEMENT

If the cancellation is due to account discrepancies, or if account discrepancies are being reported pursuant to §38.2-1810 of the Code of Virginia, as amended, please note that the following are not considered reportable offenses:

1. Debts owed to the company because of commission advances;
2. Debts owed to the company due to excess premiums caused by the agent's failure to lapse business in accordance with company procedures; and
3. Debts owed to the company that are created by the agent's unintentional accounting errors.

Please answer the following questions and forward supportive documentation. (Applicable code sections are reproduced below)

1. Has the agent fully accounted and settled for premiums collected? ☐ Yes ☐ No If the answer is no and such acts are deemed to be larceny according to Virginia Code §18.2-111, please give complete explanation and details in accordance with Virginia Code §38.2-1810. The explanation and details should include evidence of the acts of larceny.
2. To the best of your knowledge, did the agent fully comply with the Commonwealth's laws and regulations? ☐ Yes ☐ No If the answer is no, please state which laws were not complied with and give *explanation and details.

*Use space provided or attach a letter

Section 18.2-111. Embezzlement deemed larceny; indictment; statement from attorney for the Commonwealth. - If any person wrongfully and fraudulently use, dispose of, conceal or embezzle any money, bill, note, check, order, draft, bond, receipt, bill of lading or any other personal property, tangible or intangible, which he shall have received for another or for his employer, principal or bailor, or by virtue of his office, trust, or employment, or which shall have been entrusted or delivered to him by another or by any court, corporation or company, he shall be deemed guilty of larceny thereof, may be indicted as for larceny, and proof of embezzlement under this section shall be sufficient to sustain the charge. On the trial of every indictment for larceny, however, the defendant, if he demands it, shall be entitled to a statement in writing from the attorney for the Commonwealth designating the statute he intends to rely upon to ask for conviction. Such statement shall be furnished to the defendant, or his attorney, no later than five days prior to the date fixed for trial on the indictment provided the demand is made more than five days prior to such date. (Code 1950, §18.1-109; 1960, c. 358; 1975, cc. 14, 15; 1979, c.349)

Section 38.2-1810. Report of acts deemed larceny under §18.2-111; privileged communications; Commonwealth's attorney to be informed. - A. Whenever any insurer licensed to transact the business of insurance in this Commonwealth knows or has reasonable cause to believe that any insurance agent or surplus lines broker has committed any act of larceny as prescribed in §18.2-111 with respect to any money, bill, note, check, order, draft or other property either belonging to the insurer or received by the agent or surplus lines broker on behalf of the insurer, it shall be the duty of the insurer within sixty days after acquiring the knowledge to file with the Commission a complete statement of the relevant facts and circumstances. Each statement shall be privileged communication, and when made and filed shall not subject the insurer, or any individual representative of it that is making or filing the statement, to any liability whatsoever.

C. The Commission shall inform the attorney for the Commonwealth of the appropriate county or city of each statement filed pursuant to subsection A of this section. (1962, c.263, §38.1-165.1; 1986, c.562; 1987, c.521; 2000, c.549; 2001, c.706.)